



County of San Bernardino

F A S

CONTRACT TRANSMITTAL

FOR COUNTY USE ONLY

New Change Cancel	Vendor Code		SC	Dent.	A	Contract Number 02-344 A2			
County Department Public Health				Dept.	Orgn.	Contractor's License No.			
County Department Contract Representative Betty Ansley				Telephone 387-6271		Total Contract Amount \$1,316,958			
Contract Type <input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other: Application									
If not encumbered or revenue contract type, provide reason: _____									
Commodity Code			Contract Start Date		Contract End Date		Original Amount	Amendment Amount	
Fund AAA	Dept. PHL	Organization 0303	Appr.	Obj/Rev Source 8710		GRC/PROJ/JOB No.	Amount		
Fund	Dept.	Organization	Appr.	Obj/Rev Source		GRC/PROJ/JOB No.	Amount		
Fund	Dept.	Organization	Appr.	Obj/Rev Source		GRC/PROJ/JOB No.	Amount		
Project Name				Estimated Payment Total by Fiscal Year					
				FY	Amount	I/D	FY	Amount	I/D

CONTRACTOR State Department of Health Services

Federal ID No. or Social Security No. _____

Contractor's Representative _____

Address _____ Phone _____

Nature of Contract: *(Briefly describe the general terms of the contract)*

This is Amendment No. 2 to Contract No. 02-344, with the State Department of Health Services for the Childhood Lead Poisoning Prevention Program, in the amount of \$22,443 for the period July 1, 2002 through June 30, 2005. The total contract amount is increased to \$1,316,958.

State Agreement No. 02-25068 A02

(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)

Approved as to Legal Form (sign in blue ink) ▶ County Counsel	Reviewed as to Contract Compliance ▶ _____	Presented to BOS for Signature ▶ Department Head
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Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

Date _____

Date _____

Date _____

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database <input type="checkbox"/> FAS	
Input Date	Keyed By